

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation LET FREEDOM RING INC		3. FEC Identification Number C C90007998
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 603 FAIRWAY DRIVE		
(c) City, State and ZIP Code WEST CHESTER PA 19382		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
1	0

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS 14017.50

7. TOTAL INDEPENDENT EXPENDITURES..... 14017.50

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Mr Colin A Hanna

10/28/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF FILER (In Full)

LET FREEDOM RING INC

A. Full Name (Last, First, Middle Initial)

Dr John M Templeton, Jr

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Mailing Address

601 Pembroke Road

Transaction ID: F56.000001

City

Bryn Mawr

State

PA

Zip Code

19101

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

14017.50

Name of Employer

retired

Occupation

physician

SUBTOTAL of Receipts This Page (optional)

14017.50

TOTAL This Period (last page carry total to Line 6)

14017.50

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LET FREEDOM RING INC

Full Name (Last, First, Middle Initial) of Payee
Harmelin Media

Date

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0Mailing Address
525 Righters Ferry Road

Amount

10000.00

City State Zip Code
Bala Cynwyd PA 19004Purpose of Expenditure
Radio Ad mediaCategory/
TypeOffice Sought: ☐ House State: DE
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Chris CoonsCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 10000.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
RapidResponse Media Inc.

Date

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0Mailing Address
343 Tschiffely Square Rd.

Amount

2500.00

City State Zip Code
Gaithersburg MD 20878Purpose of Expenditure
Radio Ad productionCategory/
TypeOffice Sought: ☐ House State: DE
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Chris CoonsCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 2500.00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Sunspots Productions Inc.

Date

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0Mailing Address
PO Box 2410

Amount

1517.50

City State Zip Code
Fairview SC 28730Purpose of Expenditure
Radio ad talent feeCategory/
TypeOffice Sought: ☐ House State: DE
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Chris CoonsCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 1517.50Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

14017.50

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

14017.50